

HARBOR HUMANE SOCIETY

CAT OWNER SURRENDER INFORMATION SHEET

Please fill out information as completely and accurately as possible to enable us to find the best home for this cat.

Name of cat _____ Age _____ Gender _____

Spayed/Neutered? _____ Breed _____

Declawed? **Yes** _____ **No** _____ **Front** _____ **All four** _____

Why are you giving up your cat? _____

How long have you had him/her? _____

Where did you get your cat? _____

Is your cat litter trained? **Yes** **No** Does your cat *spray* in the house? **Yes** **No**

Does your cat have occasional accidents? **Yes** **No**

(If yes please fill out feline elimination form so we may address the possible cause of the accidents.)

What type of litter used? **Scoopable** **Clay (non-clumping)** **Newspaper**

Pine **Scented** **Other?**

Your cat lives: *(circle all that apply)* **Inside only** **Inside/outside** **Outside only**

If indoor/outdoor, when did you allow the cat outside? _____

Your cat has lived in the same house with: *(circle all that apply)*

Dogs **Other Cats** **Caged birds** **Other Pets (list):** _____

Children? (ages) _____ Was this successful? _____

Your cat is compatible with: *(circle all that apply)* **Other cats** **Dogs** **Children**

Has your cat ever bitten anyone? **Yes** **No** If yes, please describe _____

Does your cat have any behavioral quirks? _____

Check as many of the following that describe your cat's behavior and habits: (*circle all that apply*)

Meows a lot Eats plants Lap cat Sedate Playful Fights with cats

Claws/bites playfully Hunts rodents/birds Likes being groomed Gentle

Likes being held Rough Shy Sleeps with you Independent Hides

Feisty & active Outgoing/friendly Likes treats Energetic Likes toys

Couch potato Needs grooming Picky eater Likes catnip

Does your cat have any bad habits the new owners should be aware of? **Yes** **No**

If yes, please describe _____

Does your cat ever scratch on furniture? **Yes**_____ **No**_____

If yes, do you have a scratching post, and where are they located? _____

Is your cat accustomed to (*circle all that apply*) **Bathing** **Nail clipping**

Ear cleaning **Brushing/Combing** **Professional grooming**

Your cat's diet is: (*circle all that apply*) **Canned** **Semi-moist** **Dry Food**

Brand of food that your cat prefers: _____

Your cat's feeding time is: (*circle all that apply*) **AM** **PM** **Free fed**

Name of cat's veterinarian: _____

Please list any illnesses or injuries of which the new owner should be aware: _____

Is there anything else we should know about your cat? _____